

# Cystourethroscopy Episode

## Executive Summary

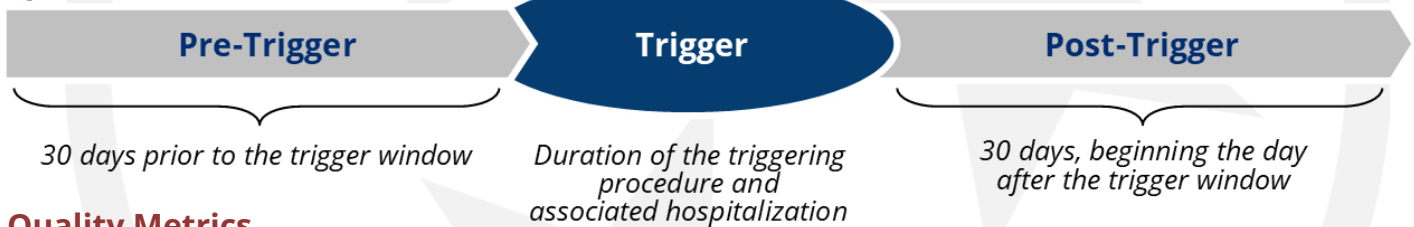
### Episode Design

- **Trigger:** cystourethroscopy procedure
- **Quarterback type:** professional (provider who performs the procedure)
- **Care included:** all cystourethroscopy-related care including imaging and testing, medications, pathology, surgical and medical procedures

### Sources of Value

- Appropriate site of care for patient presentation and evaluation
- Timely presentation for evaluation
- Appropriate selection of diagnostics (e.g., imaging, labs)
- Reduce unnecessary or duplicative diagnostics
- Appropriate treatment plan (e.g., therapeutic procedures)
- Appropriate site of procedure (e.g., office)
- Appropriate use of anesthesia and/or analgesia
- Appropriate prescription of pain medications, especially opioids
- Appropriate selection of antibiotics when indicated
- Appropriate referral and connectivity to further related care
- Reduction of repeat procedures
- Reduction of complications related to procedure (e.g., bleeding)

### Episode Duration



### Quality Metrics

#### Tied to Gain-Sharing

- Difference in average morphine equivalent dose per day (lower rate is better)
- Related ED visit (lower rate is better)
- Repeat cystourethroscopy (lower rate is better)

#### Informational Only

- Average MED/day during the pre-trigger opioid window
- Average MED/day during the trigger and post-trigger window
- Complications
- Opioid naïve prescriptions
- Related follow-up care
- Related post-trigger admission

### Making Fair Comparisons

#### Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., active cancer of the prostate or urinary tract management, bilateral inguinal hernia, cardiac disorders, congenital genitourinary malformations, hydrocele, neurological disorders, neuromuscular dysfunction of bladder, vesicoureteral-reflux without reflux nephropathy, DCS custody)
- Patient exclusions: age (less than 6 months or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.